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Contents: Bloodborne Pathogens

Effective Date: **January 2004**

Point of Contact: [Bloodborne Pathogens Subject Matter Expert \(SME\)](#)

Section

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Training Requirements and Reporting Obligations

This subject area contains training requirements. See the [Training and Qualifications](#) Web Site.

This subject area does not contain reporting obligations.

References

29 CFR 1910.1030, OSHA Bloodborne Pathogens Standard

[Biosafety in Research](#) Subject Area

[Job Assessment Form \(JAF\)](#), [Occupational Medicine Clinic \(OMC\)](#) Web Site

[Regulated Medical Waste Management](#) Subject Area

[Training and Qualifications](#) Web Site

Standards of Performance

All staff and guests shall comply with applicable Laboratory policies, standards, and procedures, unless a formal variance is obtained.

Managers shall analyze work for hazards, authorize work to proceed, and ensure that work is performed within established controls.

All staff and users shall identify, evaluate, and control hazards in order to ensure that work is conducted safely and in a manner that protects the worker, the environment, and the public.

All staff and users shall ensure that they are trained and qualified to carry out their assigned responsibilities, and shall inform their supervisor if they are assigned to perform work for which they are not properly trained or qualified.

Management System


This subject area belongs to the **Worker Safety and Health** Management System.

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Introduction: Bloodborne Pathogens

Effective Date: **January 2004**

Point of Contact: [Bloodborne Pathogens Subject Matter Expert \(SME\)](#)

Bloodborne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other infectious bloodborne diseases such as Hepatitis C, babesiosis, malaria, and syphilis.

Bloodborne pathogens create special concerns for workers occupationally exposed to blood, potentially infectious material, and certain other body fluids that may contain the pathogens. Exposures to these bloodborne pathogens may occur through needle-stick injuries, contact with mucous membranes, and/or non-intact skin.

Potentially infectious material includes the following:

- Human blood, human blood components, products made from human blood, and other human body fluids (e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, or saliva in dental procedures);
- Unfixed tissue or organ (other than intact skin) from a human (living or dead), HIV-containing cell or tissue cultures, or organ cultures;
- HIV- or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV (including primate blood).

This subject area provides procedures for ensuring safe work at BNL for personnel who have the potential for occupational exposure to bloodborne pathogens. These requirements apply to all BNL and non-BNL staff, including outside contractors.

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1. Recognizing Potential Occupational Exposure to Bloodborne Pathogens

Effective Date: **January 2004**

Point of Contact: [Bloodborne Pathogens Subject Matter Expert \(SME\)](#)

Applicability

This information applies to BNL staff and non-BNL staff whose work includes the following:

- Delivering first aid and/or emergency medical care;
- Providing routine medical care;
- Conducting work involving human subjects with potential exposure to bloodborne pathogens;
- Performing custodial and housekeeping work with potential exposure to bloodborne pathogens;
- Conducting research involving human and primate blood and other potentially infectious material;
- Working with HBV, HIV, and other bloodborne pathogen agents in research laboratories.

Required Procedure

Step 1	<p>The supervisor, ESH Coordinator, or delegate of BNL organizations with workers who have potential occupational exposure to bloodborne pathogens conduct an exposure determination that includes the following:</p> <ul style="list-style-type: none"> • A list of job classifications with potential for occupational exposure; • A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs. <p>Note: The exposure determination is made without regard to the use of personal protective equipment (PPE).</p>
Step 2	<p>The supervisor, ESH Coordinator, or delegate prepares an Exposure Control Plan (or an equivalent document) and submits it to the Subject</p>

	<p>Matter Expert (SME) for concurrence. The Exposure Control Plan contains the following:</p> <ul style="list-style-type: none"> • The exposure determination from Step 1; • Documentation of implementation for Methods for Hazard Control, training of employees, and recordkeeping; • A procedure for the evaluation of circumstances surrounding exposure incidents. <p>Note: The organization's Exposure Control Plan needs to be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and new or revised employee positions with occupational exposure.</p> <p>Note: The Occupational Medicine Clinic (OMC) is responsible for the BNL Hepatitis B vaccination program and for post-exposure evaluation and follow-up.</p>
Step 3	Workers obtain annual training on bloodborne pathogens (see the Training and Qualifications Web Site).
Step 4	Supervisors ensure workers comply with medical surveillance requirements established by the OMC (see the Job Assessment Form [JAF] on the OMC Web Site). The date of completion of examinations and required medical surveillance are maintained and searchable on the Brookhaven Training Management System (BTMS) database (see the Training and Qualifications Web Site).
Step 5	Workers use Universal Precautions and other protective measures, as outlined in the exhibit Methods for Hazard Control , whenever work may involve exposure to bloodborne pathogens.
Step 6	Workers label containers of blood, other potentially infectious material, and contaminated material with the Biohazard Label .
Step 7	When an exposure incident occurs, follow steps in the Section Post-Exposure Evaluation and Follow-up .
Step 8	Workers dispose of blood, other potentially infectious material, disposable protective clothing, and contaminated material per the Regulated Medical Waste Management Subject Area.
Step 9	<p>When clothing and equipment are contaminated with blood or other potentially infectious material, do the following:</p> <ul style="list-style-type: none"> • Place reusable protective clothing (such as scrubs and lab coats) in leakproof bags and label with the Biohazard Label for cleaning at a facility that uses Universal Precautions; • Place reusable respirators in leakproof bags and label with the Biohazard Label for cleaning at the BNL respirator cleaning facility; • Decontaminate reusable equipment using Universal Precautions in an appropriate manner (e.g., washing with disinfectant).

	appropriate manner (e.g., washing with disinfectant).
Step 10	<p>BNL organizations that conduct HBV, HIV, or other bloodborne pathogen agent research laboratory work do the following:</p> <ul style="list-style-type: none"> • Comply with the laboratory work practices and containment provisions required in the Biosafety in Research Subject Area. • Include a description of the hazards and controls in the Work Planning and Control documentation.

References

[Biosafety in Research](#) Subject Area

[Job Assessment Form \(JAF\)](#), [Occupational Medicine Clinic \(OMC\)](#) Web Site

[Regulated Medical Waste Management](#) Subject Area

[Training and Qualifications](#) Web Site

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2. Vaccinations for Workers in Job Classifications With Potential Occupational Exposure

Effective Date: **January 2004**

Point of Contact: [Occupational Medicine Clinic \(OMC\) Manager](#)

Applicability

This information applies to BNL and non-BNL staff in Job Classifications with potential occupational exposure to bloodborne pathogens.

Required Procedure

Step 1	Organizations (supervisor, ESH Coordinator, or delegate) identify staff who have occupational exposure to bloodborne pathogens and provide these names to the Occupational Medicine Clinic (OMC) within ten working days of employee's initial assignment by using the Job Assessment Form (JAF) on the OMC Web Site.
Step 2	The OMC makes the Hepatitis B vaccination series available to all employees who have been identified by their organization as having occupational exposure.
Step 3	Staff may decline Hepatitis B vaccination. When declining the Hepatitis B vaccine, workers are required to sign a Hepatitis B Vaccine Declination form which is provided by the OMC and kept in employee medical records.
Step 4	If an employee initially declines a Hepatitis B vaccination but later decides to accept the vaccination, OMC makes the Hepatitis B vaccination available at that time.

References

[Job Assessment Form \(JAF\)](#), [Occupational Medicine Clinic \(OMC\) Web Site](#)

[JOB Assessment Form \(JAF\)](#), [Occupational Medicine Clinic \(OMC\)](#) web Site

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3. Post-Exposure Evaluation and Follow-up

Effective Date: **January 2004**

Point of Contact: [Occupational Medicine Clinic \(OMC\) Manager](#)

Applicability

This information applies to BNL and non-BNL staff who have an exposure incident.

Required Procedure

Step 1	<p>When an exposure incident occurs:</p> <ul style="list-style-type: none"> • For medical emergencies, call 911 (extension 2222). • Otherwise, seek/apply first aid or perform the following steps, when appropriate: <ol style="list-style-type: none"> 1.) Remove the exposed worker's bloodborne pathogen-contaminated clothing. 2.) Wash exposed skin and wounds with soap and water. 3.) Flush exposed eyes and mucous membranes with water.
Step 2	<p>When an exposure incident occurs, report exposure incidents to supervisors.</p>
Step 3	<p>When a non-medical emergency exposure incident occurs, take the following actions:</p> <ul style="list-style-type: none"> • During regular work hours, promptly seek medical attention at the Occupational Medicine Clinic (OMC) (Building 490). • After regular hours: <ol style="list-style-type: none"> a) Go to the Firehouse (Building 599) to report the incident. b) Go to a hospital emergency department or consult with a personal physician for post-exposure evaluation and treatment. c) Call OMC (extension 3670) on the next BNL business day. OMC and a personal physician will provide post-exposure follow-up for exposed workers.

Step 4	The supervisor (or delegate) of the exposed employee provides the OMC with a description of the exposed employee's duties, route(s) of exposure, and the circumstances under which exposure occurred.
Step 5	OMC conducts a confidential medical evaluation and follow-up in accordance with the 29 CFR 1910.1030, OSHA Bloodborne Pathogen Standard, current guidelines from the Centers for Disease Control and Prevention (CDC), and New York State Law. The OMC follows applicable privacy guidelines in reporting events to the Safety and Health Services Division (SHSD) Safety Engineering Group for incident reporting.
Step 6	<p>The SHSD Safety Engineering Group maintains a sharps injury log for recording percutaneous injuries. The sharps injury log includes the following information, as required by the 29 CFR 1910.1030, OSHA Bloodborne Pathogens Standard:</p> <ul style="list-style-type: none">• The type and brand of device involved in the incident;• The department or work area where the exposure incident occurred;• An explanation of how the incident occurred.

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Brookhaven National Laboratory

Exposure Control Plan

Organization:		
Operation:		
Date of Preparation:		
Date of Review (Annual):	(Valid for 12 months from this date.)	
Approved By:	Signature	Date
SME Concurrence:	Signature	Date

1.	Exposure Determination (to be made without regard to the use of personal protective equipment):
1.a	List job classifications in which <i>all</i> employees in those job classifications have occupational exposure:
1.b	List job classifications in which <i>some</i> employees have occupational exposure:
1.c	List tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs:
2.	Describe the method of implementation (check all that are applicable):
2.a	<input type="checkbox"/> Universal Precautions (i.e., all body fluids are considered potentially infectious materials)
2.b	Engineering and Work Practice Controls <input type="checkbox"/> Engineering controls are examined, maintained, and/or replaced on a regular schedule to ensure their effectiveness. State control and frequency: <input type="checkbox"/> Hand-washing facilities accessible to employees. Location is: <input type="checkbox"/> Hand-washing substitute provided for employees. Method is: <input type="checkbox"/> Employees required to wash their hands immediately or as soon as feasible after: <ul style="list-style-type: none"> ▪ Removal of gloves or other personal protective equipment. ▪ Contact of such body areas with blood or other potentially infectious materials.

	<p>___ Flush mucous membranes with water immediately or as soon as feasible after contact with blood or other potentially infectious materials.</p> <p>___ Contaminated needles and other contaminated sharps are not bent, recapped, or removed (unless no alternative is feasible and the action is required by a specific medical or dental procedure).</p> <p>___ Sharing or breaking of contaminated needles is prohibited.</p> <p>___ Immediately or as soon as possible after use, contaminated reusable sharps are placed in appropriate containers until properly reprocessed.</p> <p>___ Waste containers are puncture resistant, labeled or color-coded in accordance with the Biohazard Label, and leak-proof on the sides and bottom.</p> <p>___ Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas is prohibited.</p> <p>___ Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.</p> <p>___ All procedures involving blood or other potentially infectious materials are done in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.</p> <p>___ Mouth pipeting of blood or other potentially infectious materials is prohibited.</p> <p>___ Specimens of blood or other potentially infectious materials are placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. Label the container with the Biohazard Label.</p> <p>___ Equipment that may have become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary. Servicing representative and/or the manufacturer are given information prior to handling, servicing, or shipping so that appropriate precautions will be taken.</p>
2.c	<p>Personal Protective Equipment</p> <p>___ CPR (mouthpieces, resuscitation bags, pocket masks, or other ventilation devices) Describe use:</p> <p>___ PPE is cleaned, laundered, and disposed of at no cost to the employee.</p> <p>___ PPE is repaired or personal protective equipment is replaced as needed to maintain its effectiveness, at no cost to the employee. Describe recent experience of repair/ replacement:</p> <p>___ Garment(s) penetrated by blood or other potentially infectious materials are removed immediately or as soon as feasible. Describe any events that occurred:</p> <p>___ All personal protective equipment is removed prior to leaving the work area. It is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Container description & location:</p>

	<p>___Gloves are worn:</p> <ul style="list-style-type: none"> ▪ When it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin ▪ When performing vascular access procedures ▪ When handling or touching contaminated items or surfaces <p>___Disposable (single-use) gloves (such as surgical or examination gloves) are replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Describe equipment and exposure scenario:</p> <p>___Utility gloves are decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Method for decontamination:</p> <p>___Masks in combination with eye protection devices (such as goggles or glasses with solid side shields or chin-length face shields) are worn when splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Describe equipment and exposure scenario:</p> <p>___Gowns, aprons, lab coats, clinic jackets, or similar outer garments are worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Wear surgical caps or hoods and/or shoe covers or boots in instances when gross contamination can reasonably be anticipated. Describe equipment and exposure scenario:</p>
3.	Describe the procedure for the evaluating exposure incidents:
3.a	Are employees included in the BNL vaccination program?
3.b	Describe Post-Exposure Evaluation/Follow-up process done by the organization or PI:
4.	Substitution of Less Hazardous Procedures
4.a	Have new or modified tasks and procedures been developed by commercial or internal sources which affect occupational exposure? ___Yes ___No If Yes, explain:
4.b	Have new or modified tasks and procedures changed the employee job types with occupational exposure potential?
4.c	Have you considered and implemented commercially available and effective medical devices of safer design that eliminate or minimize occupational exposure?
5.	Worker Involvement
	Obtain input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

5.a	Workers' input:
5.b	Workers' input:
5.c	Workers' input:

Methods for Hazard Control

1. Universal Precautions

Always use Universal Precautions to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials.

2. Engineering and Work Practice Controls

- Use engineering and work practice controls to eliminate or minimize employee exposure. If occupational exposure remains after institution of these controls, use personal protective equipment.
- Examine, maintain, and/or replace engineering controls on a regular basis to ensure their effectiveness.
- Use hand-washing facilities that are readily accessible to employees. When provision of hand-washing facilities is not feasible, use either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands are washed with soap and running water as soon as feasible.
- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- Do not bend, recap, or remove contaminated needles and other contaminated sharps (unless no alternative is feasible and the action is required by a specific medical or dental procedure). Sharing or breaking contaminated needles is prohibited. Immediately or as soon as possible after use, place contaminated reusable sharps in appropriate containers until properly reprocessed. These containers are in the following conditions:
 - Puncture resistant
 - Labeled or color-coded in accordance with the Biohazard Label
 - Leak proof on the sides and bottom
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Keeping food or drink in refrigerators, freezers, shelves, cabinets, or on countertops and bench tops where blood or other potentially infectious materials are present is prohibited.
- Perform all procedures involving blood or other potentially infectious materials in a manner which minimizes splashing, spraying, spattering, and generation of droplets of these substances.
- Do not mouth a pipette of blood or other potentially infectious materials.
- Place specimens of blood or other potentially infectious materials in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping. Label the container with the Biohazard Label.
- Examine equipment that may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminate as necessary.
- Convey information to employees of the servicing representative and/or the manufacturer, prior to handling, servicing, or shipping, so that appropriate precautions will be taken.

3. Personal Protective Equipment

Use appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Rely on personal protective equipment only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Use appropriate personal protective equipment unless its use would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances are investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

Clean, launder, and dispose of personal protective equipment (at no cost to the employee).

Repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. If blood or other potentially infectious materials penetrate a garment(s), remove it immediately or as soon as feasible. Remove all personal protective equipment prior to leaving the work area. Place it in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Wear gloves in the following situations:


- When it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin
- When performing vascular access procedures
- When handling or touching contaminated items or surfaces

Replace disposable (single-use) gloves, such as surgical or examination gloves, as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Do not wash or decontaminate disposable gloves for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Wear masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, when splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Wear appropriate protective clothing, such as gowns, aprons, lab coats, clinic jackets, or similar outer garments, in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Wear surgical caps or hoods and/or shoe covers or boots in instances when gross contamination can reasonably be anticipated.



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Definitions: Bloodborne Pathogens

Effective Date: **January 2004**

Point of Contact: [Bloodborne Pathogens Subject Matter Expert \(SME\)](#)

Term	Definition
blood	Human blood, human blood components, and products made from human blood.
bloodborne pathogens	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other infectious bloodborne diseases such as Hepatitis C, babesiosis, malaria, and syphilis.
contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
contaminated sharps	A contaminated object that can penetrate the skin, including needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
decontamination	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
engineering controls	Controls (e.g., sharps disposal containers, self-sheathing needles, sharps with engineered sharps-injury protections, and needleless systems) that isolate or remove a bloodborne pathogens hazard from the workplace.
exposure incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
hand-washing facilities	A facility providing an adequate supply of running potable water, soap, and single-use towels or hot-air drying machines.
HBV	Hepatitis B virus


HIV	Human immunodeficiency virus
occupational exposure	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
other potentially infectious materials	(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
percutaneous injury/exposure	Piercing the skin barrier with a needle or other contaminated sharp object.
personal protective equipment (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
research laboratory	A laboratory producing or using research laboratory-scale amounts of potentially infectious materials of bloodborne pathogens. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
source individual	An individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
universal precautions	An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
work practice controls	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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Revision History: Bloodborne Pathogens

Point of Contact: [Bloodborne Pathogens Subject Matter Expert \(SME\)](#)

Revision History of This Subject Area

Date	Description	Management System
August 2004 -- Minor Rev. 1.2	Step 3 in Section Post-Exposure Evaluation and Follow-up is revised; when a non-medical emergency exposure incident occurs after regular working hours, employees must call the Occupational Medicine Clinic (OMC) on the next BNL business day.	Worker Safety and Health
January 2004	This subject area replaces Environmental Safety and Health Standard (ESH) 2.8.0, Bloodborne Pathogens, and provides procedures for ensuring safe work at BNL for personnel who have the potential for occupational exposure to bloodborne pathogens. These requirements apply to all BNL and non-BNL staff.	Worker Safety and Health

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